

Initial Unannounced Full/Partial Follow-up Location Change Investigation Other _____

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Bright Beginnings of Norwich Date: 7/28/22 Time: 1:15

Location Address: 714 NewLondon Trk. Norwich Telephone #: 860.896.2064

e-mail address: brightbeginningschildcare@rocketmail.com License #: 12048 Expiration Date: 8/31/

Capacity: 40 # of Children Present: 19 # of Staff Present: 7

Consent to Inspect Family Child Care Home I agree to allow the Office of Early Childhood to have access to and inspect this facility and all child care records as required by Family Child Care Home Regulations.
Provider/Applicant/Substitute's Signature _____

Purpose of visit: follow up to 6/8/22 inspection

Observations/Corrections needed:

NS #81 observed infant room to be reorganized and with adequate floor space.

NS #114 observed pack n plays securely fastened

S #129 observed a child asleep in a swing

S = Substantiated NS = Not Substantiated P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 8/11/22

Signature: Carlyne Deloretto
(OEC Representative)

Print Name: Carlyne Deloretto

Signature: Alyssa Millette
(Person in Charge)

Print Name: Alyssa Millette